

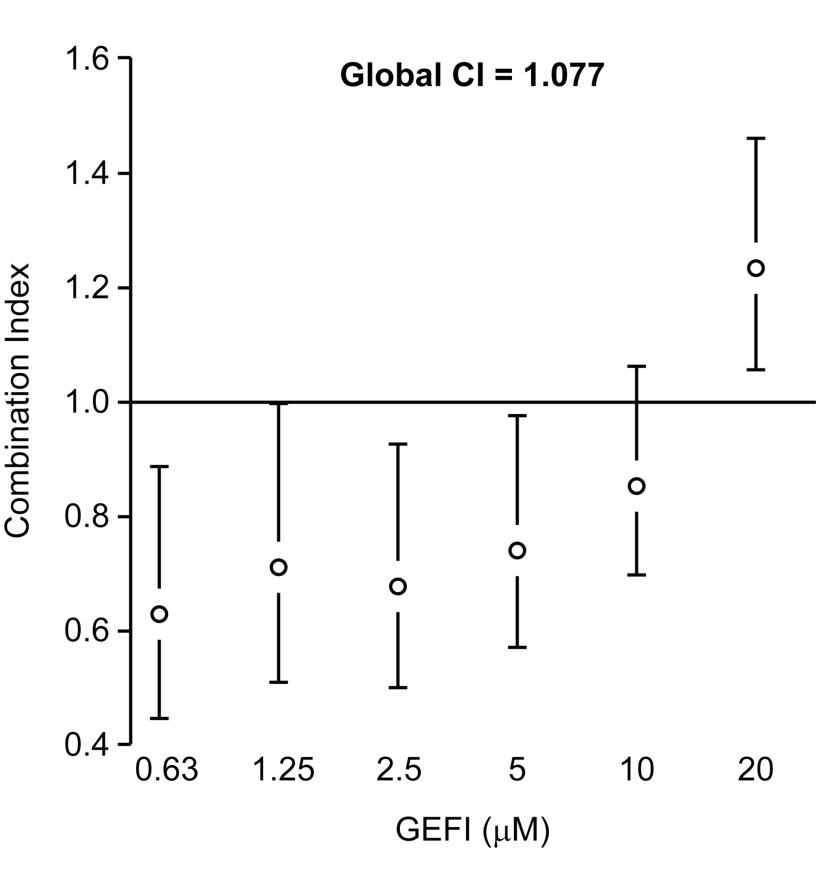
Supplemental Material to:

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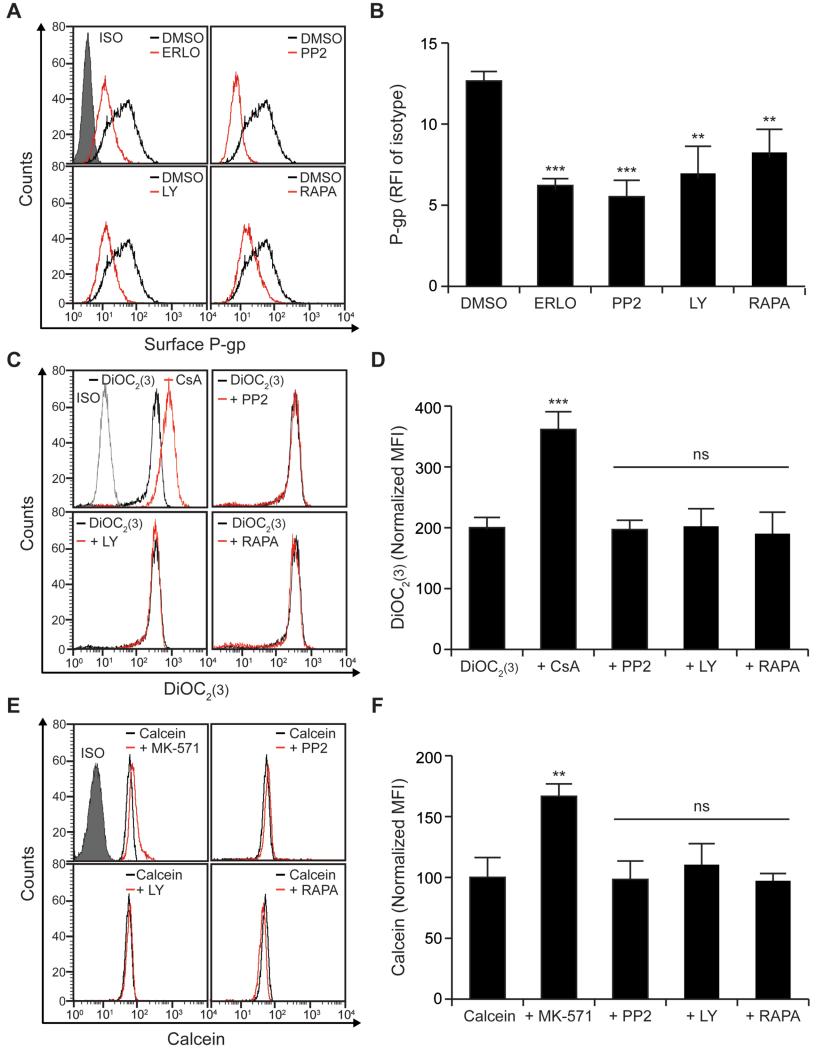
Erlotinib antagonizes ABC transporters in acute myeloid leukemia

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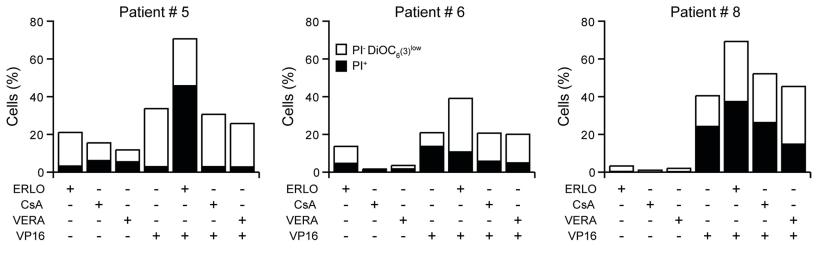
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Suppl. Fig. 1



Suppl. Fig. 2



Suppl. Fig. 3

Supplementary Figure 1. Gefitinib increases etoposide cytotoxicity in an additive fashion. KG-1 cells were left untreated or incubated with the indicated concentrations of gefitinib (GEFI) alone or combined with 0.1-2 μ M etoposide (VP16) for 48 h, followed by colorimetric determinations of cell viability/proliferation. Combination index (CI) values as calculated - according to the Harbron's method - for the indicated concentrations of GEFI as well as for the global dataset are reported (means \pm 95% confidence interval).

Supplementary Figure 2. Inhibitors of SRC kinases, PI-3K and mTOR fail to affect drug efflux via P-gp and MRPs but downregulate P-gp exposure on the cell surface. KG-1 cells were kept in control conditions (DMSO) or administered with 10 μM erlotinib (ERLO), 10 μM PP2, 10 μM LY294002 (LY), 10 nM rapamycin (RAPA), 10 nM calcein, 20 nM DiOC₂(3), 1 μM cyclosporine A (CsA) or 10 μM MK-571, alone or in combination, for 48 h and then subjected to cytofluorometry for the assessment of P-glycoprotein (P-gp) exposure on the cell surface (**A,B**), of for 2 h and then analyzed for DiOC₂(3) (**C,D**) or calcein retention (**E,F**). Panels **A**, **C** and **E** report representative fluorescence profiles. In panels **B**, **D** and **F**, quantitative data are reported (P-gp fluorescence normalized to that of the isotype control, calcein and DiOC₂(3) fluorescence normalized to that of control conditions, means ± SEM, n = 3). **p<0.01, ***p<0.001, ns = non significant (ANOVA plus Dunnett's test), as compared to DMSO-treated cells (**B**), to cells loaded with DiOC₂(3) only (**D**), or to cells loaded with calcein only (**F**). ISO, isotype control; MFI, mean fluorescence intensity; RFI, relative fluorescence intensity.

Supplementary Figure 3. CsA and verapamil are less efficient than erlotinib in increasing the cytotoxic potential of etoposide in patient-derived CD34⁺ cells. Patient-derived CD34⁺ cells were incubated with 5 μ M erlotinib (ERLO), 1 μ M cyclosporine A (CsA), 10 μ M verapamil (VERA) and 0.5 μ M etoposide (VP16), alone or in combination, for 48 h, then

subjected to cytofluorometry for the quantification of cell death-associated parameters. Quantitative data on the percentage of cells exhibiting mitochondrial transmembrane potential dissipation (PI $^-$ DiOC $_6(3)^{low}$) or the breakdown of plasma membrane (PI $^+$) are reported for one representative experiment (n = 1).